	1			STATE OF MARYLAND		
00-06269	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	1518
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RE, A		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SE		ADDRESS	FISHER
be exe on ond s. Poge		YES, NO OR UNKNOWN) (IF YES, GIVE	222-0	1-2611 LELITH 1	BRAMBLE, FEDE	ERALS. MD
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es that the ned by the please re- urial, crem	1	underlying couse lost	(c)			
	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GIVE	EN IN PART 110
ECO ow re prior	CERTIFICATION	IN DATE OF OPERATION	14 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	He AUTOPSYY 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
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R ATTEN hospital RECTOR RECTOR for uppt. of He Fem 21 is	To	saw the deceased align or above (1) (we) (did wild not)	Sewith body Ner death. 19.	and that (may (our) opinion	death occurred on the date and hour	
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by the by the ERAL State		THE BYSICIAN'S NAME (TYPE OR	1 June	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	13/2/86
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of of shift	23a. 8	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	10011700
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DHMH - 16 50M 1/81 (VRA 15, 4)	MA	AUTAL DIRECTOR	ACCHIVE	25s DA	TE REC D. RE REGISTRANUS REGISTR	PAR'S SIGNATURE
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n-n4816	1,	FOR • STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL	HYGIENE	1519
0-04010		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
be ge 3	1. DE	CEASED NAME FIRST Jacq	ueline L. C	ain	April 7, 19	
A moy be ctor, page 3 softer death	3. SE	x Female	4 RACE Black	5. DATE OF BIRTH Oct. 15, 1948	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
oth. Pog	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) Baltimore, Md.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	UNITY OF DEATH
ofter de s ofter de softer de von sy the fun de softer d	10 C	ITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
(ND 2120) 124 hour filled in the filled in the filled better for the filled better for the filled better filled fi	13a. S	STATE II3h COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	S? RESTREET ADDRESS 1	50B 21643
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rimore,	16a. V	VAS DECEASED EVER IN U.S. AF (15 NO OR UNKNOWN) (15 YES, GIV	RMED FORCES? 166 SOCIAL SECU 217-52-0		ain, Sr., Rt. 2	Box 150B, Hurlock
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The low requires that the death critical executed within 24 hours of other dring physician. Ifter this certificate has been signed by the offercame pay. So the buriol-transit permit. Then please remove contempore Toges 1 and 2 shalld be file than administ physician project to buriol, cremotion, or other troumotic event, the medical examples must be not been added to the model.			DUE TO, OP AS A CONSEQUE (b) PULL YOU DUE TO, OR CONSEQUE	ence of File	luve snosiz (Seve	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Change
ECORDS, 301 W ow requires that been signed by mit. Then please prior to burjal, c.	CERTIFICATION		CONDITIONS CONTRIBUTING TO I			N GIVEN IN PART 1(0)
IT AL REC	RTIFIC				YES NO	CERTIFYING CAUSES OF DEATH? YES NO
VISION OF VITAL PHYSICIAN: The trending physicion rithis certificate ha the buriol-tronsit p and Mental Hygien ced of term 48 shows	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH DA	19 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN ITE	EM 18, PART 1 OR PART 2) COUNTY STATE
A SO E		22a. I certify that (I) (this hasp	ital) attended the dedeased from	11 5, 19 8	nion death occurred on the date on	that W(we) lost d hour and from the causes stated
che che		77h SICHAFURE PALE AT THE STAR STAR STAR STAR STAR STAR STAR STAR	Clas M	DEGREE ATTENDIN PHYSICIAL Title ADDRESS	G MEDICAL STAFF N DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL of retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		PGRECE THE	DES MD		MANS LANE, &	ASTON MD 21601
F 5 F 7 2 4	23a B	Burial Burial	236. DATE 236 N	NAME OF CEMETERY OR CREMATO	RY 23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 60M 1/73		INERAL DIRECTOR		25a.	DATE REC'D BY REGISTRAR 25h RE	GISTRAR'S SIGNATURE
(VR A 15 (4))	Fr	amptom-Hawkins	. 216 N. Main St.	, FederalsburgA	PR 23 MOD 7	

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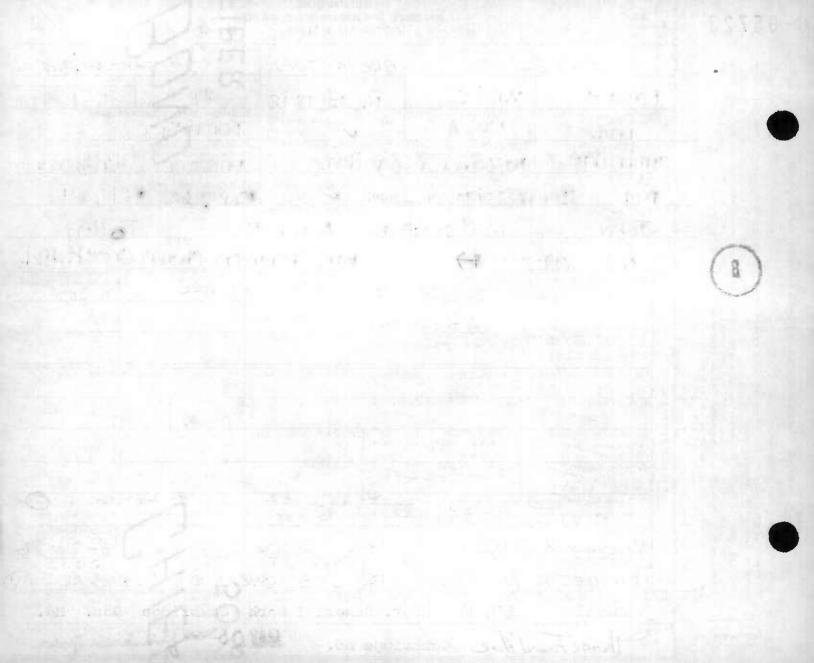
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o the o		OR PRINT)	HOM	AR	UNIXO.	CR	HODVIEZ	1	4	1/26/86	1 / T M
moy be poge 3 er deoth	3. SEX		1	RACE		5. DATE C			AGE (IN YEARS LAST BIRTHDA	IF UNDER 1 YE	EAR IF UNDER 24 HRS
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- 10 mg//O		RTHPLACE STATE OR FO	REIGN 7	b CITIZEN OF		RY? 8	NEVER 44 APPLE	91	BALTIMORE CITY OR C	OUNTY OF DEATH	
1 18 7		Georgia		U.S.	Δ .	WIDOWE	DIVORCE		Dorches	ter	MD.
Canal State	10 CI	TY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NU	RSING HOME C	R OTHER INSTITUTION	N 120	USUAL OCCUPATION	12b. KIN	D OF BUSINESS OR
- 15 44 5 6	0				HEACILITY, GIVES		al Hosp.		ype of work for most of wo Laborer		ctory
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BALTIMORE, MARYLAND 2120 cote to executed within 24 hours systems and completely filled in by opens. Foger 1 and 7 shapet to 10 year.	17 10	FIRST	M	IDDLE	LAST		FIRST		MIDDLE		LAST
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BA1 cate spen		18 CAUSE OF DEAT PART I. DEATH W	H (Enter onl	y one couse per	toe for (0), (b	, ond ich	1.0000	-	Celluli	BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
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PRESTON ST. ha death centif he attending pl emove carban emove carban relation, or rem relation,				DUE TO, OF	R AS CONSE						
EST dear dear dear	5 1	Conditions, if any,		(b)_	De	DSIS					
		gave rise to immo	g the	DUE TO, OF	A CONS	OUENCE OF	0- 1	. 20			
that d by lease iol, cr		underlying couse	lost	(c)	Deve	ve VI	relmit	nhou	~		
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RDS, equir n sign Then r to b	O						32				
DIVISION OF VITAL RECORDS, 201 W. NG PHYSICIAN: The low requires that rottending physicion. Ther this certificate has been signed by so the buriol-transit permit. Then please th and Memal Hygiene prior to buriol, crit	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED		20a AUTOPSY? 21	Ob. IF YES, WERE FIN	ADINGS USED
TAL RESIGNATION OF PAGE 1	IF	No. of Contract	-		Name and Address of the Owner, or other Designation	-			YES NO	YES 🗌	NO 🗌
DN OF VITAL IYSICIAN: Th dring physicio s: certificore I buriol-tronsit Mentol Hygie	1 8	21a. ACCIDENT WAS UNI	-	21b. TIME O		DAY YEAR	21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJURY IN	TITEM 18, PART 1 OR PART	2)
SION OF VI PHYSICIAN: ending phys this certifico the buriol-front ad Mentol Hy dor frem 18	AL	OR CONTRIBUTING		P.		19					
ON Instruction of the contract	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
DIVISIG DING PH or otten After the After the cost he l olth ond morked o	Z	WHILE NOT W	HILE	(AI HOME, SIN	REET, FACTORY OF	FICE, FARM, ETC.)	1				OTATE
3 0 6 0 0		220.1 certify that (I)	(this hospit	al) ottanded th	e deckared to	om	4-111 19	96	, to	19 19 860	, that (I) (we) lost
TTEN Dartol TOR: For us of He 21 is		sow the decease	ed olive on.		4121	19 6 , 01	nd that in (my) (our) of	pinion deo	th occurred on the date	and hour and from	the couses stoted
		obove, (I) (we) (c 22b. SIGNATURE	ala) (dia not	view the body	que denni.		DEGREE			22c. D.	ATE SIGNED
AL OR A y the hosy the hosy of		1/.11	10/10	Leun	N		ATTEND PHYSIC	ING A	MEDICAL STAFF	N	1/26/86
by by ANTA	1	22d. PHYSICIAN'S N.	AME (TYPE OR	PRINT)			22e ADDRESS	JAN	JIKECTOR DATTISICIAL	<u>'</u>	1
O HOSPITAL TO FUNERAL should be dete											
TO HOSPITAL (TO FUNERAL I should be deto with the Store E	22. 5	LIBIAL CREMATION	DEMOVAL	Task DATE	T	22, NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION		
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DHMH - 16 60M 1/75		UNERAL DIRECTOR		9 77	ADDRES	S		APR	291986	Ma Davidson	
(VR A 15 (4))	120	T velbac	mang	al Hom	9 012	nuppai	ed St.	- (1 1/	2 3 1300 J	1000010	

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		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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	e က န	1. DECEASED NAME FIRST MIDDLE LAST 1 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR CITYPE OR PRINT!
	moy be poge 3	3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS
4	4 00	female white 3 26 97 89
	the 10/50 of	70. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? NARRIED NEVER MARRIED DIVORCED DOTCHESTER MD.
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AND 212	24 hour filled in ould be	USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 1101 Peachblossom Ave.
MARYL	corted within completely is 1 ond 2 sh	John H. Casten Street
BALTIMORE, MARYLAND 2120	be execu	No WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 214-34-7322 Lena Wallis Fitzhugh Item #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	quies that the death certificate is amedian physici. The piece term to corbangoper te in call cerembly, or cemoval.	18 CAUSE OF DEATH /Enter only one couse per line for 101, (b) , and 102 PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF COnditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-
AL RECOR	The low recion. The hos beer te hos beer giene prior	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 200. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TITEM 18 PART 1 OR PART 2)
N OF VIT	physico rifico ll-tron of Hy	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR SETTHER, NOTEY MEDICAL EXAMINER) 19 214 NULLIPLY OCCURRED 218 PLACE OF INCLURY 215 LOCATION
IVISIO	ond ond	WHILE NOT WHILE AT WORK AT WORK AT WORK
0	DIN OF	22a.1 certify that (I) (this hospital) attended the deceased from
	the hor L DIRE stoches e Dep	DEGREE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 222. DATE SIGNED
	TO HOSPITAL retoined by the TO FUNERAL should be determined with the Store MAPORTANT.	WILLIAM L. MONTHOUE Sn. MIS 307 Byen St. CAMBRIDGE Med 21613
	BP	236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY DOT/ STATE COUNTY DOT/ Md.
	DHMH - 16 50M 4/82 (VRA 15, 4)	74 FUNERAL DIRECTOR THOMAS FUNERAL HOME CAMBRIDGE MD. 250 DATE REC'D. BY REGISTRAR THE REGISTRAR'S SIGNATURE THOMAS FUNERAL HOME CAMBRIDGE MD. 270 DATE REC'D. BY REGISTRAR THE REGISTRAR'S SIGNATURE THOMAS FUNERAL HOME CAMBRIDGE MD.

The state later band bursty sen I client strang of 10 France Ty CHANGE LITHOUTHER SHAME (FOR ROLL SHAME) CHANGE INTO SHAPE COLUMN TO THE PROPERTY OF THE

STATE OF MARYLAND FOR 10 - 05723DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH MONTH YEAR LIVE OF PRINT poge 3 28-86 MARGIE 3 SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR DAY 298 70 BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED WIDOWED I DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Sand 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ADDRESS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). FAILURE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CONGESTIVE DUE TO, OR AS A CONSEQUENCE OF LEROSIS Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.Mc 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY - STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC+ NOT WHILE 8-05 220.1 certify that (1) (this hospital) attended the deceased from 4-28 19 86, and that in (my)(our) opinion death occurred on the date and hour and from the causes stated sow the deceosat alive on 4 - 28 obove, (1) we) (id) (did not) view the body ofter death. 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL should be deto with the State [DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIF burial Cambridge Md. Dor. Memorial Park 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 Cambridge Md. (VRA 15, 4)



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0-0	3518		1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 6 REG. NO). I	2. 3
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12	oth. Pog	2		THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE WIDOWE	DIVORCED D	BALTIMORE CITY O		
6	s ofter de by the fur illed within	3	0 CIT	YOR TOWN OF DEATH ZAMBRIDGE	11. NAME OF HOSPITAL, NL (IF NOT IN SUCH FACILITY, GIVES	RSING HOME		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUS	ND OF BUSINESS OR
BALTIMORE, MARYLAND 21201	filled in the			L RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY DOT		efore admission) TOWN pridge	134 INSIDE CITY LIMITS? YES NO A	130 STREET ADDRESS Rt 4 Box	Ź	1613
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MORE, I	and co	7		AS DECEASED EVER IN U.S. AR 1942 N Yes 1942	WAR OR DATES)	SECURITY NO.	INFORMANT Lois W. De	ADDRE		
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۵	TEN TOR. OF US	2		22a. I certify that (1) this hospi sow the deceased alive an above, (1) (we) (did) (did no		-1	nd that in (my) (our) opinion	, to death occurred on the do	ite and hour and from	, that (I) (we) last in the causes stated
	AL OR AT the hosp AL DIRECT detoched f ore Dept. or			22b. SIGNATURE	buty Je	ery	ATTENDING PHYSICIAN [MEDICAL STAF	F t	DATE SIGNED
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-05676 CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DAY 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) April 26,1986 William Eldridge Gatton 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH AONTH5 DAYS HOURS April 3,1917 white 69 male BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? O. BIRTHPLACE STATE OF FOREIGN MARRIED NEVER MARRIED Dorchester Md. U.S.A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Dorchester General Hospital Self Cambridge emp. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 136 CITY OR TOWN 210 Virginia Ave. 21613 113d INSIDE CITY LIMITS? Cambridge Md. Dor. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Woolford Marv Stella Gatton ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Item # 13 220-03-2833 A Mary Jackson No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line 10/10), (b), and Here Chrituroscular PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to S A CONSEQUENCE/O Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY opi HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE ! AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from my tour) apinion death occurred on the date and hour and from the causes stated ond that abave (1) we) (did (did not) view the body of 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STATE = FUNERAL should be deto with the State IMPORTANT: I 22d. PHYS CIAN'S NAME (1994 CHANN) 0 236. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE burial Md. Cambridge Dor. 4/29/86 Cambridge Cemetery BP 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) THOMAS FUNERAL HOME CAMBRIDGE MD.

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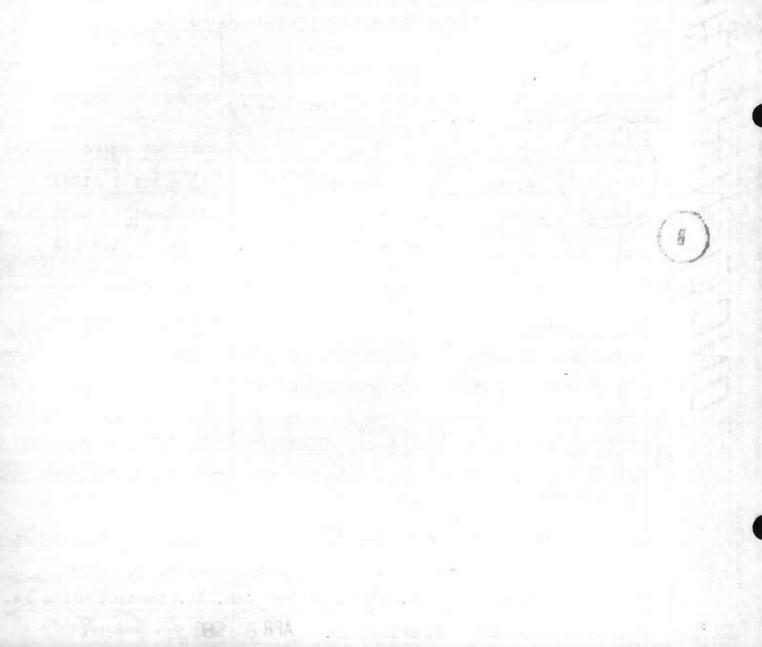
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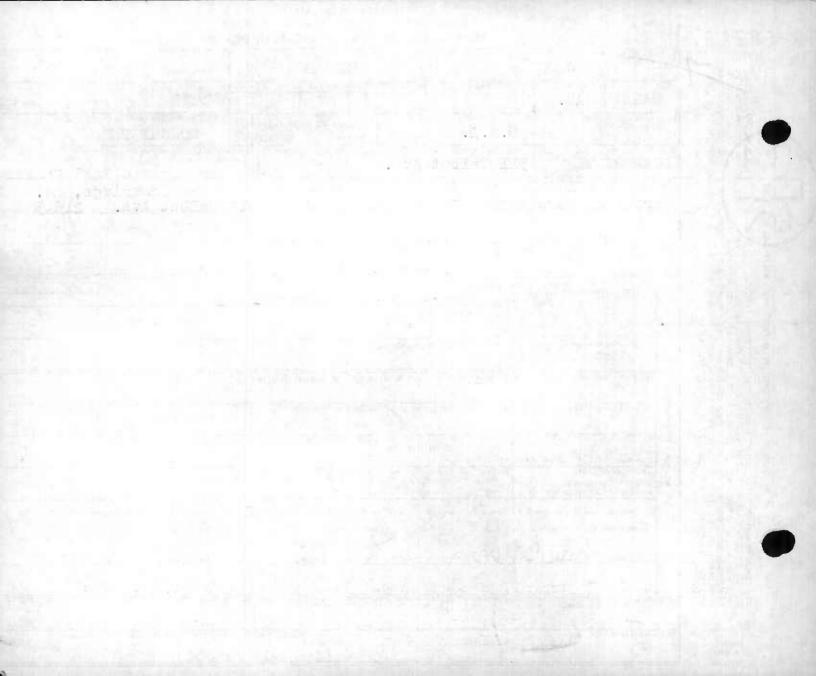
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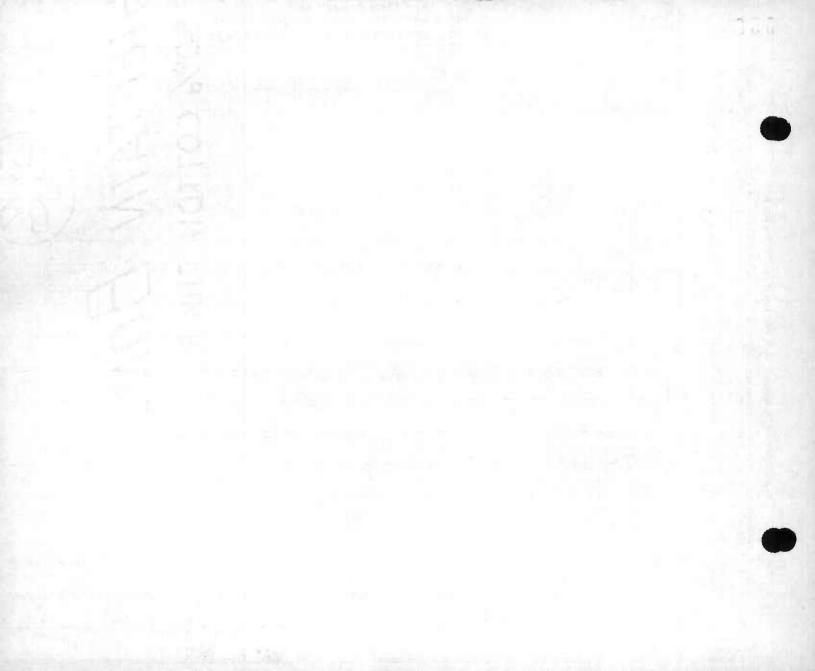
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - 1464 - STATE CERTIFICATE OF DEATH REG. NO. REGISTRAR 20 DATE OF DEATH MONTH YEAR 26. HOUR 1. DECEASED NAME FIRST (TYPE OR PRINT) SCHILEY Horseman 04/16/86 IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4. RACE S DATE OF BIRTH IF UNDER 24 HRS Feb 26 1897 89 male white 9. BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Md. U.S.A. Dorchester WIDOWED DIVORCED | 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH self (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) barber Cambridge Dorchester General Hospital emp. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13a STATE 13c CITY OR TOWN 13e STREET ADDRESS 21613 410 High St. Dor. Cambridge Md. YES X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Margaret MIDDLE Solomon Horseman Henry ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) on and Item # 220-01-8948 Effa Horseman APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. FALURE CONGESTIVE dours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF VERA OLY CU THEMIA Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOTA YES 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH __DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY 0 CHTY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM_ETG-) WHILE AT WORK NOT WHILE 22a | certify that(1) this hospital) attended the deceased from saw the deceosed alive on_ and that in (my) aur) apinion death accurred on the date and hour and from the couses stated above (1) we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN State WEORTANT; 22e ADDRESS the the MOSLEWI 23a. BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Md. 4/18/86 Maryland Veterans Beulah Dor. burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) THOMAS FUNERAL CAMBRIDGE HOME MD.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG NO 1. DECEASED NAME 2a. DATE KNOWN 26 HOUR MONTH (TYPE OR PRINT) OF ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED WITHIN 72 HOURS DEATH MATED James Henry 4 25 Logan 86 19 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 25 86 10 A Lapp. male DEAD black 65YRS 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) U. S. A. Dorchester DIVORCED WIDOWED AND 3 TO THE FU RETAIN PAGE 5 HOULD BE FILED V II. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Cambridge Home laborer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) MD. 21201 13a. STATE 1136, COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Dorchester Cambridge NO [939 Pine Street 1.2. A 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME RS AFTER DEATH.
GIVE PAGES 1, 2
VITH FORM PAN 3
PAGES 1 AND 3 MIDDLE LAST FIRST FIRST MIDDLE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, George Logan Myrtle Nixon 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES, NO. OR LINKNOWN) (IF YES, GIVE WAR OR DATES) Myrtle V. Copper Box 261 Trappe, 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) F MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DIECREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION CISED 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF 8E USED 4ER: THIS CER.,
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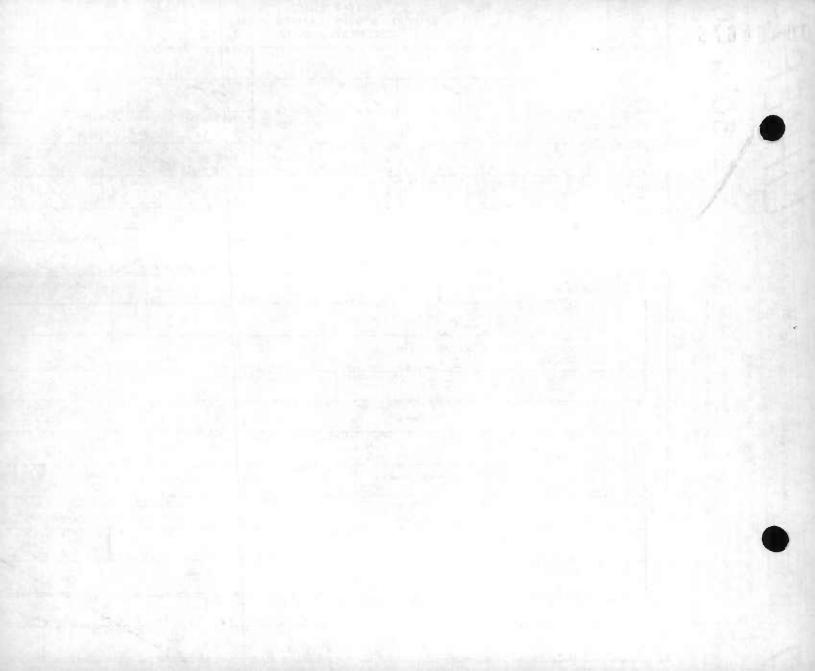


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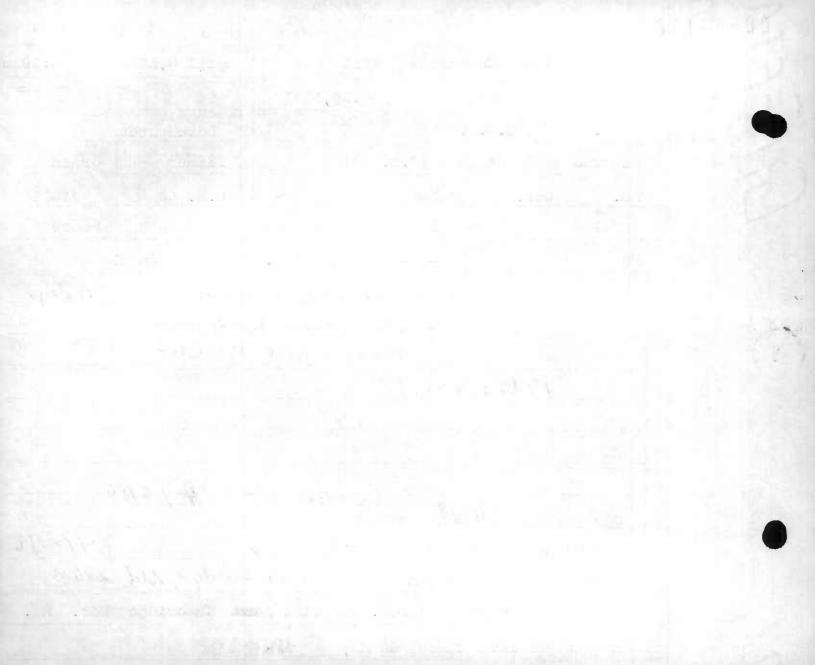
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within a ratending physician and contributed the sentificate has been signed by the offending physician and contributed to stitle burial-transit permit. Then please remove carban papers. Page and the and Mental Hygene prior to burial, cremation, or removal. On the first sentification of the property of the present of the medical event with the property.	13a.	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE / 136 COUNTY 136 CITY OR TOWN 138, INSIDE CITY LIMITS? 138 STREET ADDRESS
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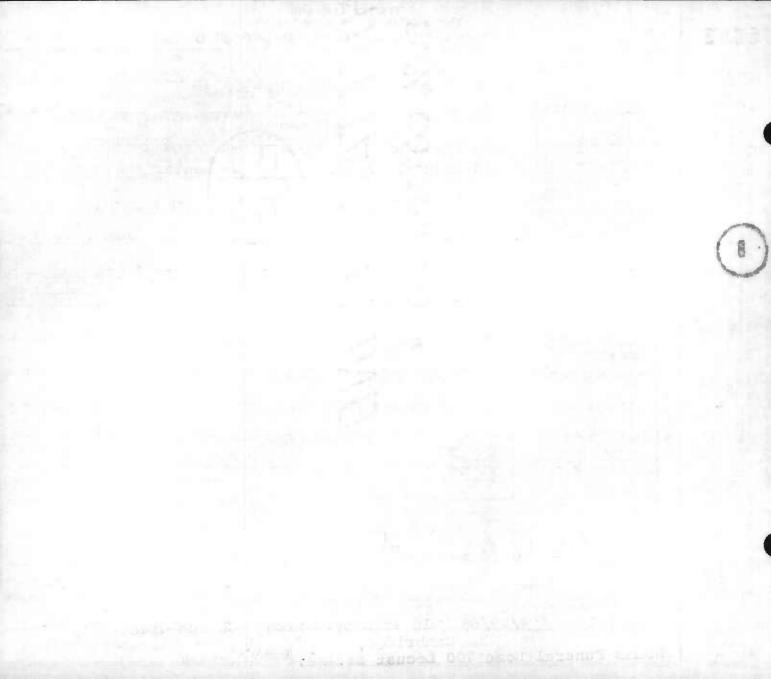
00-04955 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH . DECEASED NAME (TYPE OR PRINT) Richard Allardice Matthew April 10. 1986 5:00p IF UNDER 24 HRS 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4. RACE 3 SEX DAYS HOURS Jüly 3.1897" Male White BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED K NEVER MARRIED Colorado Dorchester U.S.A. DIVORCED [WIDOWED 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
OSDORNE Rd. TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hurlock Agricultur Farming USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Dorchester 13. SUSBOFFIE Rd./21643 Hurlock Maryland 13d INSIDE CITY LIMITS? YES [NO M 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Alice Allardice John Jane Matthew ADDRESS F.D. 2 BOX 119 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT I (IF YES, GIVE WAR OR DATES) 217-36-106d Nancy M. Matthew IYES, NO OR UNKNOWN) Hurlock, MD. 21643 NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY pope Probable. entrice IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF 1Sease OYonary Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. plea 5 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OFHER SIGNIFICANT CONDITIONS DIVISION OF VITAL RECORDS. CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN CONDITION FOR WHICH OPERATION WAS PERFORMED 20s. AUTOPSY 190 DATE OF OPERATION CERTIFYING CAUSES ON DEATH? verial-transit per Mental Hygiene YES TA 18 sho 21c. HOW INJURY OCCURRED WHEN STURY IN ITEM 18, PART 1 OR PART LY THE ACCIDENT WAS UNDERSTOND [THE TIME OF INJURY MONTH HOUR WAY DAY YEAR DR CONTRIBUTION A GALLE OF DEATH Mental MEDICAL CHESTINE NOTES MEDIZAL EXAMINERS 214 INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJUR COUNTY STATE (AT HOME, STREET, FACTORES 220.1 certify that (1) this haspital) attended the deceased fram_ 60, and that in (my) (ou) apinion death accurred an the date and hour and from the causes stated obgve, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 4-11-86 ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS should be Maryland Avenue, Cambridge, MD Ann R. Wilke. MD 400 0 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE 4/12/86 Burial .New Market.Dor. New Market Cem BP. 256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE APR 2 8 1986 24 FUNERAL DIRECTOR DHMH - 16 25M Zelfer Funeral Home, East New Market, MD. APR 28 1986 [VR A 15 (4)] 9/74

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			W .	EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PENCIL IN TEAM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT AFTER DEATH WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE. DATE:	1		(TYPE OR PRIN	IT)	Peter W				ADDRESS_			st Ne	w Ma:	rket,	, Md	. 216	31
			7	# 2 5 4 5 E	rò.	23a.B	URIAL, CREMAT						Y OR CREMAT		23d. LC	ORTOWN			COUNTY		STATE
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S. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS IL RECORDS, 201 W. PRESTON STREET,	3. SEX		4. RACE	S. DATE	OF BIRTH	- Que	6. AGE (IN Y	ARS IF U	VDER I YR.	IF UNDER	24 HRS.	2c. DATE		нтиом	DAY	YEAR	2d. HOUR	
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		VAS DECEASED	EVER IN U.S.	ARMED FOR	CES?	16b. SOC	IAL SECURI	IY NO.	17. INFORA	TANT	01101		ADDRE	ESS Hur	lock	c, Md	•	
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2	1	22a I certif	fy that I took ch	arge of the	remoins de	scribed obo	ove, held on	Auto	psy X	Inspection	X	Inquiry	, .	ond in my	opinion			
11		death resulte	ed from: No	atural cause	, X ,	Accident	☐, s	uicide _	. Hamie	cide .	Undete	ermined m	nanner _].				
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-	1	SIGNATURE_	Jam	- 1.	0	(10)	- ;	-	A.D. Di	PUTY	MED	ICAL EXA	MINER	SIGN	IED	4-15-	29	
1	1	EXAMINER'S	AME J	ames F	. Med	Carter	, M.D	•	_ADDRESS_	400 4	Auror	a St	., Ca	ambrid	ge,	Md.	21613	
BALLIMOKE, MAKTANI	23a. B		TION, REMOVA	AL 236. DATE		23c.	NAME OF CI	METERY	OR CREMATO	ORY	23d. LC	CATION			OUNTY	S	TATE	
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		UNERAL DIREC			ADDRES:	Fede	eralsb	urg,	Md.		REC'D. BY	REGISTR	AR 25b. RI	EGISTRAR'S	SIGNAT	TURE		
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oy be		OR PRINT)		G.	SMOCK	20 DA	April	23 86	10 FM
ge 4 moy ector. pog rs ofter d	3. SE	Male	White		5. DATE OF BIRTH MONTH DAY PEC. 13. 191	AR 7	(IN YEARS LAST BIRTHDAY) 2	MONTHS DAYS	HOURS MIN.
oth. Po.	(RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.		MARRIED NEVER MARRIE	ED 🗆	IMORE CITY OR COULD		MD.
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24 having the solid to be soli	130. 5	AL RESIDENCE (IF NURSING HOME COL STATE 136 COU ryland Dor	ROTHER INSTITUTION GI	VE RESIDENCE BEFORE	13d INSIDE CITY LIA	AITS? 13e.STR	cutive EET ADDRESS / ZIP CO 07 Willow	ODE 2	ertising 16/3
ad within	14. FA	THER'S NAME FIRST	MIDDLE	Smock	IS MOTHER'S MAIL FIRST France	DEN NAME	MIDDLE	Mum	AST
e execute	- 0		IVE WAR OR DATES!	66 SOCIAL SECU	RITY NO. 17 INFORMANT	113.50	Mock, Need		
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equires 1 her ple fo burio rejury, or	NOI	PART 2. OTHER SIGNIFICANT			PEATH BUT NOT RELATED TO TH		EASE OR CONDITION	GIVEN IN PART I	10
Control of the contro	CERTIFICATI	190 DATE OF OPERATION	19h CONDITI	ON FOR WHICH	OPERATION WAS PERFORMED	20a YES	AUTOPSY? 206 IF IN CE	YES, WERE FIND RTIFYING CAUSE YES [INGS USED S OF DEATH?
CLAN. T		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M.	. MONTH DA	Y YEAR	OCCURRED (EN	ER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
O PHYS otherding er this o the bur and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDEN ontol or TOR, All for use of theolith		220.1 certify the (1) this hosp sow the deceased alive a above (1) (well did alid	oitoly ottended the	deceosed from	And 2 (19.	opinion death oc	April 23	hour and from th	, tho (we) last e couses stated
AL OR A THE HOW ALL DIRECT PROCEDURES TO DEST		17h SIGNATURE	Lu le	ylla.	DEGREE ATTENI	DING MEDI	CAL STAFF TOR PHYSICIAN	22c DAT	23/PG
HOSPITA Beined by C FUNER Could be d		Edmund J.	Machan	ghlin	10 AL	ore st	Cambr.	dse, no	1 2/6/3
2 € 2 € 7 € 7 − 1	23o E	SURIAL, CREMATION, REMOVA		23c. N	lisbury Crem		OCATION CITY OR TOWN Salisbury	, Wicomi	state LCO, Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		urran Funera	1 Home	ADDRESS 3			BY REGISTRAR 256. REC		

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			PECEASED NAME	FIRST		WIDDLE			LAST		2	OF DATE	KNOWN ESTI-	X MONT		YEAR	26 HOUR
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1	ARY, LDIRE YOUR TON S		M	В	1-16-09		77 YR		DATS	HOURS	MIN	DEA	D	4	24	1986	1:20P
8	05 et	79.	BIRTHPLACE (STATE O	R 7	b. CITIZEN OF WH	AT COUN	ITRY?	8. MARRI	ED X NE	VED MADD	ED [9. BALTIA	MORE CITY	OR COU	NTY OF I	DEATH	
	SEE	1	Marvland	S. IFE	USA		MA P	WIDOW	41	DIVORC		I	Dorche	ster			MD.
	AGE S	10.	CITY OR TOWN OF D	EATH	1. NAME OF HOSE	PITAL, NU	RSING HOME,	OR OTH	ER INSTITU	TION			JPATION (T	PE OF WORK		ND OF BU	
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	STATES OF THE STATE OF THE STAT	2	Md.	Dor			mbridge		YES 🗌	NO D			Box 10	15		216	13
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	E 255 257		George		MIDDLE	D. Ward Hattie									LAST		
	MOR PAGE NO.		WAS DECEASED EVE			166. SOCIAL SECURITY NO.		NO.	17. INFORMANT (Spou			SAL	ADDRES	SS	MOI	Morris	
BALTIMORE, MD. 21201	NEW AND		(YES, NO, OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)			Lillian G.V			Ward Rt.3 Box			x 16	105-21613		
			18 CAUSE OF DE	ATH (Enter anly	ane cause per line	for (o), (b				-012.0					- I A	PPROXIMATE	INTERVAL
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	STORY			IMMEDIATE			ISEQUENCE C		VII., U	TIALL		***	1-0		-	27 111	
	THIN THIN THIN THIN THIN THIN THIN THIN		Conditions, if		(b)										312		
	W. WENNER WILL		gave rise to cause (a) stati	ng the under-	<	AS A CON	ISEQUENCE O	F						-			
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	0:		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	NIRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TERMI	VAL OISEASI	OR CONDITIO	N GIVEN IN PA	RT 1 (a).						
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	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH WITH THE ST.		(TYPE OR PRINT)	Peter	W. Rieck	ert,	M. D.		ADDRESS_	Eas	t Nev	w Mai	rket.	Md.	216	31	
	PAT PAT	23 a	BURIAL, CREMATION				NAME OF CEM				23d. LO	CATION			YTAUC		
07	7/84 BP		Buria	1	1/30/86	Be	ethel.	AME	Cem.			nbri	dge		or.	. M	d
	DHMH - 17	24	FUNERAL DIRECTOR				216	13		250. DATE F	REC'D. BY	REGISTR	AR 256 REC	GISTRAR'S	SIGNAT		-
	(VR A15 ME (5))	I	.H. Board	ley 81	.2 Hubbs	rd	St. Cam	b.,	Md.	APR	291	1986		Davidse	m-ga	ndelle	

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0 0 5 7 0 1	Li.	FOR STATE	DEP		EALTH AND MENTAL HYG	IENE	1 1	5 3 9
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may be poge	3. SE		RACE	5. DATE C	pi Dillini	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	R I YEAR IF UNDER 24 HRS OAYS HOURS MIN.
ge 4		Male	White	3	14 99	8/	YRS.	
7 a a b 2 C 7		RTHPLACE (STATE OR FOREIGN)	L CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH
nero na 72		England	U.S.	WIDOWE		Dorches	ter Cour	nty MD.
he for with	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		DR OTHER INSTITUTION	120 USUAL OCCUPATI		KIND OF BUSINESS OR USTRY
		111111111111111111111111111111111111111	Dorches	ter Ge	n. Hosp.	Traine		Horse
b 212 4 hourst de de in id be in id be	JUSU 13a	AL RESIDENCE (IF NURSING HOME OR CONTACT 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE TY 13t CITY OR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
4ND 4ND		Md. Dor	chester Cam	bridge		520 Acad	emy St.	21613
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the determines a executed within 24 hours or oftending physician. It was the bund-transit permit. Then places require within the properties of stables bund-transit permit. Then places require with an advantability filled in by the anti-man and anti-man stable prior to bund, cremention, the man and shows any injury, or other traumatic event, the medical example must-be to orked on term 8 shows any injury, or other traumatic event, the medical example must-be to	14 F/	ATHER'S NAME FIRST M	IDDLE LAS		15 MOTHER'S MAIDEN NA	WE		LAST
RE, ecute ecute es 1 icaly		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE		
and	,	No	293-	26-650	1 Mrs. Mar	ion Webst	er - Sai	me as #13
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s tho			(c) ASC				5.710.1.6.115.1.111	2.07.1
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COR Juw red	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	FINDINGS USED
L REC	E					YES NO	YES [NO
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SICIAN: Ting physicing certificate and Hygine entol Hygine		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR				
SION OF VII PHYSICIAN: ending physicians this certifican the bund-traca de Amental Hy d or Item 18	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TO	WN COU	INTY STATE
DIVISION OF PROTECT THE PROTECT OF T	2	WHILE NOT WHILE AT WORK	(AI HOME, SIREET, FACTORY, O	FFICE, FARM, ETC.)				
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R ATTEN hospital hospital seed for used		sow the deceosed alive on obove, (D(we) (did)(did not) view the body ofter death.	.19, o	nd that in my (our) opinion	death occurred on the d		
Cher Ite		22b. SIGNATURE	1111		DEGREE ATTENDING	MEDICAL STA		c. DATE SIGNED
by the by the ERAL DI Store De		Mulus	toekeles	er	PHYSICIAN D	DIRECTOR PHYSIC		
O HOSPITAL etained by the CO FUNERAL should be detained to the State with the State		22d. PHYSICIAN'S NAME (TYPE OR	FA lelo	n Mo	22e ADDRESS	collins	Huzle	ck mo
TO HOSPITAL (retained by the TO FUNERAL I should be deter with the Store to		MICHAEL J	1 Hau	22. NAVE OF		23d. LOCATION) //	4343
	236.	BURIAL, CREMATION, REMOVAL	23b. DATE 4-27-86	236 NAME OF	EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP	74 F	Removal UNERAL DIRECTOR	4-27-00		25g, DAT	E REC'D. BY REGISTRYR	PSB. RAGISTEAR'S	distraction .
DHMH - 16 60M 1/75 (VR A 15 (4))		Anatomy	Board	Balto	., Md. MAY	05 500 gu	TO ANNIADO	Mary Com
		ziria comy	Doard	Duite	. / Lice initia			

